Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 1 of 57

B1 (Official Fo	orm 1)(04	/13)				oarrioi		igo ± o				
			United So		Bankı Distric			ţ			Vol	luntary Petition
Name of Deb Laycox, V	*	ividual, ento	er Last, First,	Middle):				e of Joint Do	ebtor (Spouse) ary B.) (Last, First	t, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):							used by the J, maiden, and			8 years		
Last four digit (if more than one, s		Sec. or Indi	vidual-Taxpa	yer I.D. (ITIN)/Com	plete EIN		e than one, state	all)	Individual-	Taxpayer I.	.D. (ITIN) No./Complete EIN
xxx-xx-97								x-xx-794				
Street Address			Street, City, a	nd State)	:				f Joint Debtor		reet, City, a	and State):
1031 Terr		d Drive					_		ewood Dri	ive		
Englewoo	od, OH					ZIP Cod		glewood	, OH			ZIP Code
					Г	45322	ic					45322
County of Res	sidence or	of the Princ	cipal Place of	Business		TOOLL	Cour	ty of Reside	ence or of the	Principal Pl	ace of Busi	
Montgom	ery		•				M	ontgome	ry	_		
Mailing Addre	£D-1-	+ ('£ 1'££-	64	4	>-		Moil	ma Addussa	of Joint Debte	on (if difform	ent faces ctu	ant addunas).
Mailing Addre	ess of Deb	tor (11 diffe	rent from stre	et addres	is):		Man	ing Address	or Joint Debu	or (ii differe	ent from su	eet address):
					г	ZIP Coc	le					ZIP Code
Location of De	in sin al. A s	anto of Duo	inasa Dahtan									
Location of Pr (if different fro	om street a	address abo	ve):									
	Type of	Debtor			Nature	of Busine	SS		Chapter	of Bankru	ptcy Code	Under Which
,	•	on) (Check		l_	`	one box)			the F	Petition is F	iled (Check	(one box)
Individual		Joint Debto 2 of this form			lth Care Bu			☐ Chap		П а		5 dd 6 55 dd
☐ Corporatio					gle Asset Re			Chap				Petition for Recognition Main Proceeding
☐ Partnership		o LLC una	221)	☐ Rail		()		Chap			U	· ·
Other (If de	ebtor is not			Stockbroker			☐ Chap				Petition for Recognition Nonmain Proceeding	
check this b	ox and state	e type of enti	ity below.)		nmodity Bro	oker		Спар	15	0.	u i oreign	Trommani Trocceding
				Othe	ring Bank					NT 4	6D 14	
	-	5 Debtors				mpt Enti	tv	-			e of Debts k one box)	
Country of deb	tor's center	of main inter	rests:		(Check box	, if applical	ble)		are primarily co		,	■ Debts are primarily
Each country in					or is a tax-ex				d in 11 U.S.C. § red by an indivi		for	business debts.
by, regarding, o	or against de	ebtor is pend	ing:		r Title 26 of the Interna			1	onal, family, or			
	Fil	ing Fee (C	heck one box	1		Chara	11	1	Chan	ter 11 Debt	ors	
Full Filing F			neek one ook	,		Cnec	k one box: Debtor is a:	small business	debtor as defin			D).
I_			/ 1° 11 /		1 > 34				ness debtor as d			
Filing Fee to attach signe			(applicable to irt's considerati			Clicc						
	able to pay	fee except in	n installments. l	Rule 1006(b). See Offic	ial 🗀						s owed to insiders or affiliates) and every three years thereafter)
Form 3A.							k all applicab	. , , ,		,		
Filing Fee w			able to chapter art's considerati				•	ing filed with	•			
attach signe	и аррисано	ni ioi the cot	iit s consideran	on. See Oi	riciai roini c	'b. 🗆			vere solicited pr S.C. § 1126(b).	repetition fron	n one or mor	re classes of creditors,
Statistical/Ad	ministrat	ive Inform	ation				III accordant	with 11 O.	3.c. § 1120(b).	тиг	S SDACE IS	FOR COURT USE ONLY
Debtor est				for distri	bution to u	secured o	reditors.			1111.	3 SI ACE IS	TOR COURT USE ONE I
☐ Debtor est								ses paid,				
			for distributi									
Estimated Nur	_	_	_	_	_	_	_	_	_			
1-	□ 50-	100-		□ 1,000-	5,001-	10,001-	□ 25,001-	□ 50,001-	OVER			
49	99	199		5,000	10,000	25,000	50,000	100,000	100,000			
Estimated Ass			_				_	_	_			
\$0 to	\$50,001 to	\$100,001 to		\$1,000,001	\$10,000,001	\$50,000,00	1 \$100,000,00	1 \$500,000,001	More than			
\$50,000	\$100,000	\$500,000	to \$1	to \$10	to \$50	to \$100	to \$500	to \$1 billion				
Estimated Liab	hilities		million	million	million	million	million					
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001	\$1,000,001 to \$10	\$10,000,001 to \$50	\$50,000,00 to \$100		1 \$500,000,001 to \$1 billion	More than			
1	,	,		million	million	million	million			l		

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 2 of 57

B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Laycox, Van A. (This page must be completed and filed in every case) Laycox, Mary B. All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: Southern District of Ohio 11-30727 2/16/11 Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X <u>/s/ Andrew J. Zeigler</u> May 27, 2015 Signature of Attorney for Debtor(s) (Date) Andrew J. Zeigler #0081417 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13) Document Page 3 of 57

Voluntary Petition

(This page must be completed and filed in every case)

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

\chi /s/ Van A. Laycox

Signature of Debtor Van A. Laycox

X /s/ Mary B. Laycox

Signature of Joint Debtor Mary B. Laycox

Telephone Number (If not represented by attorney)

May 27, 2015

Date

Signature of Attorney*

X /s/ Andrew J. Zeigler

Signature of Attorney for Debtor(s)

Andrew J. Zeigler #0081417

Printed Name of Attorney for Debtor(s)

Thompson & DeVeny Co. L.P.A.

Firm Name

1340 Woodman Drive Dayton, OH 45432

Address

937-252-2030 Fax: 937-252-9425

Telephone Number

May 27, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Laycox, Van A.

Laycox, Mary B.

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

7	v
7	١
	2

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

	_	

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 4 of 57

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Southern District of Ohio

	Van A. Laycox			
In re	Mary B. Laycox		Case No.	
		Debtor(s)	Chapter	13

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 5 of 57

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
☐ 4. I am not required to receive a credit counseling briefing because of: [Check to	he applicable
statement.] [Must be accompanied by a motion for determination by the court.]	• •
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of r	nental illness or
mental deficiency so as to be incapable of realizing and making rational decisions	
financial responsibilities.);	
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to t	he extent of being
unable, after reasonable effort, to participate in a credit counseling briefing in personable	_
through the Internet.);	on, by telephone, or
☐ Active military duty in a military combat zone.	
Active mintary duty in a mintary combat zone.	
☐ 5. The United States trustee or bankruptcy administrator has determined that the requirement of 11 U.S.C. § 109(h) does not apply in this district.	e credit counseling
I certify under penalty of perjury that the information provided above is true	e and correct.
Signature of Debtor: /s/ Van A. Laycox	
Van A. Laycox	
Date: May 27, 2015	

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 6 of 57

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Southern District of Ohio

	Van A. Laycox			
In re	Mary B. Laycox		Case No.	
		Debtor(s)	Chapter	13

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 7 of 57

Page 2
unseling briefing because of: [Check the applicable
determination by the court.]
§ 109(h)(4) as impaired by reason of mental illness or
alizing and making rational decisions with respect to
§ 109(h)(4) as physically impaired to the extent of being
in a credit counseling briefing in person, by telephone, or
combat zone.
administrator has determined that the credit counseling this district.
e information provided above is true and correct.
/s/ Mary B. Laycox
Mary B. Laycox

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 8 of 57

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Southern District of Ohio

In re	Van A. Laycox,		Case No.	
	Mary B. Laycox			
		Debtors	Chapter	13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	109,000.00		
B - Personal Property	Yes	4	38,077.43		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		132,374.73	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		1,999.02	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		10,467.05	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,895.20
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,618.21
Total Number of Sheets of ALL Schedu	ıles	23			
	To	otal Assets	147,077.43		
			Total Liabilities	144,840.80	

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 9 of 57

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Southern District of Ohio

In re	Van A. Laycox,		Case No	
	Mary B. Laycox			
_		Debtors	Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,999.02
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	1,999.02

State the following:

Average Income (from Schedule I, Line 12)	4,895.20
Average Expenses (from Schedule J, Line 22)	3,618.21
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	6,486.96

State the following:

		-
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		13,563.93
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	1,999.02	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		10,467.05
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		24,030.98

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 10 of 57

B6A (Official Form 6A) (12/07)

In re	Van A. Laycox,	Case No.
	Mary B. Lavcox	

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

1031 Terracewood		Fee Simple	J	109,000.00	120,000.00
Descri	ription and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 109,000.00 (Total of this page)

Total > 109,000.00

10tal > 109,000.0

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 11 of 57

B6B (Official Form 6B) (12/07)

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	х			
2.	Checking, savings or other financial	U	I.S. Bank Checking Account	W	1,209.43
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit		I.S. Bank Checking Account. Joint with Wife and er mother.	J	100.00
	unions, brokerage houses, or cooperatives.	F	ifth Third Savings Account	J	302.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings,	G	General Household Goods	J	2,240.00
	including audio, video, and computer equipment.	Т	V and DVD Player	J	200.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.	С	Clothing	J	300.00
7.	Furs and jewelry.	J	ewlery	J	200.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each	F	idelity Term Life Insurance	W	0.00
	policy and itemize surrender or refund value of each.	Т	erm Life Insurance through Employer	Н	0.00
	iciting value of each.	Т	erm Life Insurance through Employer	w	0.00
10.	Annuities. Itemize and name each issuer.	X			
				0.1.77	1. 4.554.40
			(T)	Sub-Tota	al > 4,551.4 3

3 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 12 of 57

B6B (Official Form 6B) (12/07) - Cont.

In re	Van A. Laycox,
	Mary B. Laycox

Case No.

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(Continuation Sheet)		
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing	FERS	3	W	17,326.00
	plans. Give particulars.	Pens	ion through Coca-Cola	J	Unknown
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > 17,326.00
			(*	Total of this page)	·

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 13 of 57

B6B (Official Form 6B) (12/07) - Cont.

In re	Van A. Laycox,
	Mary B. Laycox

Case No.

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Propo	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	x			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	VI	006 Buick Rendevous N #3G5DB03L16S563746 0,000 Miles	J	7,000.00
		VI	004 Honda Goldwing Motorcycle N #1HFSC47064A305943 6,000 Miles	J	8,000.00
		VI 20	006 Yamaha VStar 1100 N #JYAVP11E66A091257 0,000 Miles otor is blown up	н	500.00
		VI	999 Chevy S-10 N# 1GCCS1441XK132788 ileage: 134,000	Н	200.00
		19 VI	999 Starcraft Galaxy Travel Trailer N#1SAAS01F1X1AY2145	Н	500.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	2	Dogs - No Cash Value	J	0.00
				Sub-Tota (Total of this page)	al > 16,200.00

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 14 of 57

B6B (Official Form 6B) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested particulars.	. Give X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and	d feed. X			
35. Other personal property of an not already listed. Itemize.	y kind X			

Sub-Total > 0.00 (Total of this page)

Total >

38,077.43

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 15 of 57

B6C (Official Form 6C) (4/13)

In re	Van A. Laycox,	Case No.	
	Mary B. Laycox		

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte
□ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
11 U.S.C. 8522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 1031 Terracewood Drive Englewood, OH 45322	Ohio Rev. Code Ann. § 2329.66(A)(1)	265,800.00	109,000.00
Checking, Savings, or Other Financial Accounts, C U.S. Bank Checking Account	ertificates of Deposit Ohio Rev. Code Ann. § 2329.66(A)(13) Ohio Rev. Code Ann. § 2329.66(A)(3)	75% 302.36	1,209.43
U.S. Bank Checking Account. Joint with Wife and her mother.	Ohio Rev. Code Ann. § 2329.66(A)(3)	35.00	100.00
Fifth Third Savings Account	Ohio Rev. Code Ann. § 2329.66(A)(18)	302.00	302.00
Household Goods and Furnishings General Household Goods	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	2,240.00	2,240.00
TV and DVD Player	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	200.00	200.00
Wearing Apparel Clothing	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	300.00	300.00
<u>Furs and Jewelry</u> Jewlery	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	200.00	200.00
Interests in IRA, ERISA, Keogh, or Other Pension of FERS	or <u>Profit Sharing Plans</u> Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	17,326.00	17,326.00
Pension through Coca-Cola	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	100%	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles 2006 Buick Rendevous VIN #3G5DB03L16S563746 59,000 Miles	Ohio Rev. Code Ann. § 2329.66(A)(2)	3,450.00	7,000.00
2004 Honda Goldwing Motorcycle VIN #1HFSC47064A305943 16,000 Miles	Ohio Rev. Code Ann. § 2329.66(A)(2) Ohio Rev. Code Ann. § 2329.66(A)(18)	3,450.00 1,225.00	8,000.00
1999 Starcraft Galaxy Travel Trailer VIN#1SAAS01F1X1AY2145	Ohio Rev. Code Ann. § 2329.66(A)(18)	500.00	500.00

Total: 296,237.43 146,377.43

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Page 16 of 57 Document

B6D (Official Form 6D) (12/07)

In re	Van A. Laycox,
	Mary B. Laycox

Case No.

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R		sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	L Q	S P U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx4545 American Honda Finance 8601 McAlpine Park Dr Suite 230 Charlotte, NC 28211		J	Motorcycle Loan 2004 Honda Goldwing Motorcycle VIN #1HFSC47064A305943 16,000 Miles	Т	T E D			
Account No. Caliber Home Loans P.O. Box 650856 Dallas, TX 75265		J	Value \$ 8,000.00 Home Mortgage 1031 Terracewood Drive Englewood, OH 45322 Value \$ 109,000.00				2,759.81	0.00
Account No. 3288 InSolve Recovery, LLC Box 88710 Milwaukee, WI 53288-0710		н	Value \$ 109,000.00 Motorcycle Loan 2006 Yamaha VStar 1100 VIN #JYAVP11E66A091257 20,000 Miles Motor is blown up Value \$ 500.00				1,263.93	11,000.00 763.93
Account No. Montgomery County Treasurer 451 W. Third St. Dayton, OH 45422-0002		J	Notice Only 1031 Terracewood Drive Englewood, OH 45322 Value \$ 109,000.00				0.00	0.00
continuation sheets attached		<u>. </u>	(Total of	Sub			124,023.74	11,763.93

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 17 of 57

 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Van A. Laycox, Mary B. Laycox		Case No	
_		Debtors	_,	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	A H	NATURE OF LIEN, AND DESCRIPTION AND VALUE	CONTINGEN	I D	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxxxxx1000		T	Vehicle Loan	Ϊ	A T E	l		
Portfolio Recovery Associates LLC P.O. Box 12914 Norfolk, VA 23541		н	2006 Buick Rendevous VIN #3G5DB03L16S563746 59,000 Miles	2006 Buick Rendevous VIN #3G5DB03L16S563746				
		L	Value \$ 7,000.00				6,350.99	0.00
Account No. xxxxxxxxxxxx6612			Automobile					
Springleaf Financial 2628 Colonel Glenn Hwy. Fairborn, OH 45324-5612		н	1999 Chevy S-10 VIN# 1GCCS1441XK132788 Mileage: 134,000					
			Value \$ 200.00	1			2,000.00	1,800.00
Account No. xxxxxxxxxxxx6612 Springleaf Financial			This is under the same loan as the 1999 Chevy S-10 Travel-Trailer					
2628 Colonel Glenn Hwy. Fairborn, OH 45324-5612			Travel-Trailer					
		J	1999 Starcraft Galaxy Travel Trailer VIN#1SAAS01F1X1AY2145					
	┖	L	Value \$ 500.00				0.00	0.00
Account No.								
	╀	oppi	Value \$	┞				
Account No.			Value \$					
Sheet 1 of 1 continuation sheets atta Schedule of Creditors Holding Secured Claim		d to) (Total of the	Subt			8,350.99	1,800.00
and the second of the second o					'ota	t	132,374.73	13,563.93
			(Report on Summary of Sc			- 1	132,314.13	13,303.93

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 18 of 57

B6E (Official Form 6E) (4/13)

·			
In re	Van A. Laycox,	Case N	No
	Mary B. Laycox		
-		Debtors	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the beled

column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled." (You may need to place an "X" in more than one of these three columns.)
Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box lal "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to prior listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report the total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. $11 \text{ U.S.C.} \ \S 507(a)(3)$.
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 19 of 57

B6E (Official Form 6E) (4/13) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NLIQUIDATED AND MAILING ADDRESS SPUTED Н DATE CLAIM WAS INCURRED AMOUNT W INCLUDING ZIP CODE, INGENT AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) Account No. xxx-xx-xxxx & xxx-xx-7945 2008 **Past Due Taxes** City of Vandalia Tax Office 0.00 Administrator for Vandalia, **Englewood** J P.O. Box 727 Vandalia, OH 45377 106.78 106.78 Account No. xxx-xx-xxxx & xxx-xx-7945 2008, 2009, 2014 **Past Due Taxes** Internal Revenue Service 0.00 **Centralized Insolvency Operations** PO Box 7346 J Philadelphia, PA 19101-7346 1.892.24 1,892.24 2008 Account No. xxx-xx-xxxx & xxx-xx-7945 **Past Due Taxes** Office of the Attorney General **Notice Only** 0.00 Dept. of Justice, Tax Division PO Box 55, Ben Franklin Station J Washington, DC 20044 0.00 0.00 Account No. xxx-xx-xxxx & xxx-xx-7945 2008 **Past Due Taxes U.S Attorney's Office Notice Only** 0.00 200 West Second Street, Room 602 Dayton, OH 45402 J 0.00 0.00 Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 1,999.02 1,999.02 0.00 (Report on Summary of Schedules) 1,999.02 1,999.02 Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 20 of 57

B6F (Official Form 6F) (12/07)

In re	Van A. Laycox, Mary B. Laycox		Case No.	
-		Debtors	,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

			· · · · · · · · · · · · · · · · · · ·		_			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	N L I Q U L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I S P U T E	AMOUNT OF CLAIM
Account No. xxx4784			Opened 6/06/07 Last Active 10/22/08 Collection Hillsdale Community	N	D A T E D		Ī	
Account Receivables So 301 N Clinton Ave Saint Johns, MI 48879		Н	Notice Only					0.00
Account No.	╽		Notice Only	\dagger	T	t	†	
American Honda Finance P O Box 168088 Irving, TX 75016-8088		J						0.00
Account No.				+	H	t	\dagger	
Back Bowl I LLC c/o Weinstein and Riley, PS 2001 Western Avenue, Ste 400 Seattle, WA 98121-3132		J						200 77
Account No.	-	L	Notice Only	+	┡	+	4	266.77
Chase Po Box 15298 Wilmington, DE 19850		J	Notice Only					
								0.00
_6 continuation sheets attached			(Total of t	Sub this			.)	266.77

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 21 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No
	Mary B. Laycox	,

CREDITOR'S NAME,	С	Нι	usband, Wife, Joint, or Community	C	U	Ţſ	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. xxxxxxxxxx4069	CODEBTOR	C J H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	IQUIDAT	1	P U T E	AMOUNT OF CLAIM
	1				E D	\downarrow	4	
Chase Auto Finance 14800 Frye Road		J						
Fort Worth, TX 76155								
								713.36
Account No.			Notice Only			T		
Chase Auto Finance PO Box 901032 Fort Worth, TX 76101-2031		J						
								0.00
Account No. xx8013			Medical Bill			T		
City of West Carrollton P.O. Box 621005 Cincinnati, OH 45262		н						
								100.00
Account No. xxxxxxxxxxx4672		t	Opened 11/02/05 Last Active 1/01/11	T		t	7	
Credit One Bank			Credit Card					
P.O. Box 60500		W	1					
City of Industry, CA 91716-0500								
								1,222.00
Account No.			Medical Bills	T		T	T	
Dayton Head & Neck Surgeons, Inc								
369 W. Ist St., Suite 400 Dayton, OH 45402		J						
Buyton, On Total								
						\perp	\rfloor	201.80
Sheet no. <u>1</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub			$\frac{a}{a}$	2,237.16
Creations from an an action from the ciamis			(Total of t	.110	Pa	50	' [

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 22 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

CREDITOR'S NAME,	Č	Ηι	sband, Wife, Joint, or Community		ا ز	Ŭ	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	OD E B T O R	C A M	IS SUBJECT TO SETOFF, SO STATE.	I N	- 1	UNLIQUIDAT	-	AMOUNT OF CLAIM
Account No.			Notice Only	Т		T E D		
Dell Financial Services PO Box 81577 Austin, TX 78708-1577		J				D		0.00
Account No.			Credit Card Purchases		Т			
Dell Financial Services, L.LC. c/o Resurgent Capital Services PO Box 10390 Greenville, SC 29603-0390		J						658.91
Account No. xxxx5244	-		Collection - Chase	+	+	\dashv		
Frederick J. Hanna & Assoc. 1427 Roswell Rd Marietta, GA 30062		w	Notice Only					0.00
Account No. xxxxxxxxxxx4054			Opened 8/31/06 Last Active 1/02/11		T			
Gemb/Jcp P.O. Box 960090 Orlando, FL 32896-0090		W	ChargeAccount					269.00
Account No. xxxxxxxxxxxx1042	T		Opened 12/30/10	\dagger	\dagger	\dashv		
Gemb/Jcp Po Box 984100 El Paso, TX 79998		н	Notice Only					0.00
Sheet no. 2 of 6 sheets attached to Schedule of				Sul	oto	tal		007.04
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	s p	age	e)	927.91

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 23 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

						_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTOR	H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		CD_LZC	D I S P U	
AND ACCOUNT NUMBER (See instructions above.)	T O R	C	IS SUBJECT TO SETOFF, SO STATE.	N G H N F	11	E D	
Account No.			Notice Only	T	T E D		
GEMoney Bank c/o B-Line LLC, MS 550 PO Box 91121 Seattle, WA 98111-9221		J			D		0.00
Account No.			Notice Only				
InSolve Recovery, LLC c/o Capital Recovery Group, LLC 1790 E. River Road, Ste. 101 Tucson, AZ 85718-5958		J					0.00
	┸					L	0.00
Account No. xx xxx x0902 Javitch, Block & Rathbone Attn: William M. McCann 1100 Superior Ave., 18th Floor Cleveland, OH 44114-2518		w	Lawsuit - Chase Notice Only				0.00
Account No.	T		Notice Only	T			
JP Morgan Chase Bank 1100 Superior Avenue, 19th FI Cleveland, OH 44114		J					0.00
Account No.	f	\vdash	Medical Bill	\vdash		\vdash	
Kettering Health Network P.O Box 713085 Columbus, OH 43271-3085		J					
							705.00
Sheet no. _3 of _6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt			705.00

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 24 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	· ·
-		

		_		_	_	_	_	
CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community		UNL	P	1	
MAILING ADDRESS	CODEBTOR	Н	DATE CLAIM WAS INCLIDED AND	CONT	ĮË	Is	3 I	
INCLUDING ZIP CODE,	E	W	DATE CLAIM WAS INCURRED AND	H	ľ	P	١	
AND ACCOUNT NUMBER	T	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	Ű	U T E		AMOUNT OF CLAIM
(See instructions above.)	R	С	is sobject to seroit, so strite.	NGENT	Ϊ́ρ	5	5	
Account No.	T	t	Medical Bills	N	D A T E D		t	
	1				p			
Kettering Physician Network						Г	٦	
P.O. Box 182202		J						
Columbus, OH 43218-2202		ľ						
0014111543, 011 43210-2202								
								4 400 47
				L				1,139.47
Account No.			Collection					
LVNV Funding LLC, successors &								
assigns		J						
assignee of FNBM, LLC, Resurgent								
Cap. Sv								
PO Box 10587								389.92
Greenville, SC 29603-0587				L				309.92
Account No.			Notice Only	Т				
	1							
National Capital Management, LLC								
P.O. Box 12786		J						
Norfolk, VA 23541		ľ						
Notion, VA 25541								
				L				0.00
Account No.			Payments Only					
National Capital Management, LLC								
P.O. Box 41117		J						
Norfolk, VA 23541								
								0.00
Account No.	╁	\vdash	Collection for Chase	+	\vdash	+	+	
The country of the co	ł		Conconstitution on asset					
PRA Receivables Management LLC	1	1		1				
c/o Portfolio Recovery Associates		J						
<u> </u>	1	٦		1				
PO Box 41067								
Norfolk, VA 23541-1067	1	1		1				
								1,910.71
Sheet no. 4 of 6 sheets attached to Schedule of		•		Subt	tota	ıl	7	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)	,	3,440.10

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 25 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

CREDITOR'S NAME,	000	ı	sband, Wife, Joint, or Community	CONT	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	A A A A		NT I NG E N	I D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Collection for Chase	Т	A T E D		
PRA Receivables Management LLC PO Box 41067 Norfolk, VA 23541-1067		J			D		1,608.48
Account No.	T	T	Collection for Chase				
PRA Receivables Management, LLC as agent of Portfolio Recovery Assocs. P.O Box 12914 Norfolk, VA 23541		J					874.64
Account No.	┢		Collection for Citibank South Dakota/Sears				
PRA Receivables Management, LLC as agent of Portfolio Recovery Assocs. P.O Box 12914 Norfolk, VA 23541		J					406.99
Account No.			Notice Only				
Santander Consumer USA, Inc. 8585 N Stemmons Fwy Ste 1100-N Dallas, TX 75247-3822		J					0.00
Account No. xxxxxxxxxxxx1466	T	T	Opened 1/05/09 Last Active 1/16/11				
Sears/Cbsd Po Box 6189 Sioux Falls, SD 57117		н	Notice Only				0.00
Sheet no. <u>5</u> of <u>6</u> sheets attached to Schedule of				Sub			2,890.11
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nıs	pag	ge)	·

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 26 of 57

B6F (Official Form 6F) (12/07) - Cont.

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	C	Ü	Ţ	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDAT	F U	S P U T E D	AMOUNT OF CLAIM
Account No.			Notice Only	T	E D			
Southwest Ohio ENT Specialists Inc 1222 S Patterson Blvd Suite 400 Dayton, OH 45402-2642		J			D			0.00
Account No.	t		Notice Only	T	t	t	1	
Springleaf Financial Services, Inc. 7702 Hoke Rd Clayton, OH 45315		J						0.00
	┸			$oldsymbol{\perp}$	Ļ	\downarrow	_	0.00
Account No. xxxxxxxxxxxxxxx2097 Webbank/Dfs c/o DFS Customer Care Dept. P.O. Box 81577		н	Opened 8/14/07 Last Active 1/25/11 Notice Only					
Austin, TX 78708-1577								0.00
Account No. xxx6041	╀	_	Collection - Chase	+	╀	+	\dashv	0.00
Weltman, Weinberg & Reis Co. 323 W. Lakeside Avenue Suite 200 Cleveland, OH 44113-1099		w	Notice Only					
					L	L		0.00
Account No.								
Sheet no. 6 of 6 sheets attached to Schedule of		•	;	Sub	tota	al	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	his	pag	ge)	()	0.00
			(D.) (C.)		Γota		- 1	10,467.05
			(Report on Summary of So	snec	Jule	es))	10,407.00

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 27 of 57

B6G (Official Form 6G) (12/07)

In re	Van A. Laycox,	Case No.
	Mary B. Laycox	

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 28 of 57

B6H (Official Form 6H) (12/07)

In re	Van A. Laycox,	Case No.
	Mary B. Lavcox	

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 29 of 57

	in this information to identify your c	ase:		
De	otor 1 Van A. Layco	ox	_	
	otor 2 Mary B. Layo	cox		
	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO	
Ca	se number			Check if this is:
(If k	nown)			☐ An amended filing
				A supplement showing post-petition chapter 13 income as of the following date:
<u>O</u>	fficial Form B 6I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/13
				ng with you, include information about your nabout your spouse. If more space is needed,
atta	use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment	r spouse is not filing w	ith you, do not include information	about your spouse. If more space is needed,
atta	use. If you are separated and you ch a separate sheet to this form.	r spouse is not filing w	ith you, do not include information	about your spouse. If more space is needed,
Pa	t 1: Describe Employment information. If you have more than one job,	r spouse is not filing w On the top of any additi	ith you, do not include information ional pages, write your name and o	n about your spouse. If more space is needed, case number (if known). Answer every question
Pa	t1: Describe Employment information. If you have more than one job, attach a separate page with information about additional	r spouse is not filing w	ith you, do not include information ional pages, write your name and o	n about your spouse. If more space is needed, case number (if known). Answer every question Debtor 2 or non-filing spouse
atta Pa	t1: Describe Employment Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers.	r spouse is not filing w On the top of any additi	ith you, do not include information ional pages, write your name and of the page of the pa	n about your spouse. If more space is needed, case number (if known). Answer every question Debtor 2 or non-filing spouse Employed
atta Pa	t1: Describe Employment information. If you have more than one job, attach a separate page with information about additional	r spouse is not filing w On the top of any additi	Debtor 1 Employed Not employed	Debtor 2 or non-filing spouse Employed Not employed
atta Pa	Describe Employment Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or	er spouse is not filing won the top of any addition to the top of any addition	Debtor 1 Employed Not employed Route Driver	Debtor 2 or non-filing spouse Employed Not employed Disability

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			nor	n-filing spouse
2.	\$	3,488.23	\$	2,775.18
_	•		_	
3.	+\$	0.00	+\$	0.00

For Debtor 2 or

For Debtor 1

\$ 3,488.23 \$ 2,775.18

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 30 of 57

Van A. Laycox Debtor 1 Debtor 2 Mary B. Laycox Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 3.488.23 2,775.18 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 751.42 405.30 Mandatory contributions for retirement plans 5b. 5b. 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 162.74 0.00 **Domestic support obligations** 5f. 5f. 0.00 0.00 5q. **Union dues** 5g. 48.75 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 962.91 405.30 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 2,525.32 2,369.88 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 0.00 8g. Pension or retirement income 8g. 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h.+ \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,525.32 \$ 2,369.88 4,895.20 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 4,895.20 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? П Yes. Explain: Debtors do not anticipate an increase or decrease to occur in their income within the year following the

Official Form B 6I Schedule I: Your Income page 2

filing of this document.

Fill	in this informa	ation to identify y	our case:					
Deb	tor 1	Van A. Layco	ΟX			Chec	k if this is:	
							An amended filing	
Deb	tor 2	Mary B. Layo	;OX					wing post-petition chapter
(Spc	ouse, if filing)							the following date:
Unite	ed States Bank	ruptcy Court for the	SOUTH	IERN DISTRICT OF OHIO	,	-	9/17/2014 MM / DD / YYYY	
0	ou oluloo bu	aptoy Count to title.						
	e number nown)						A separate filing fo 2 maintains a sepa	r Debtor 2 because Debto grate household
Of	fficial Fo	orm B 6J						
Sc	chedule	J: Your	Exper	nses				12/1:
Be a info nun	as complete ormation. If n nber (if knov	and accurate as nore space is ne vn). Answer eve	s possible eded, atta ry questio	. If two married people and the control of the cont				
Pari	Is this a joi	ribe Your House int case?	<u>anoia</u>					
	□ No. Go t							
	_	es Debtor 2 live	in a separ	ate household?				
	■ N							
			st file a sep	parate Schedule J.				
2.	Do you hav	ve dependents?	■ No					
	Do not list Dand Debtor		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	s' names.						☐ Yes
								□ No □ Yes
								□ res
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	penses include of people other t nd your depende		No Yes				
Esti exp app	imate your e enses as of blicable date	a date after the	our bankr bankrupto	uptcy filing date unless y ry is filed. If this is a supp	olemental <i>Schedule J</i>	m as a su , check th	applement in a Channe box at the top of	apter 13 case to report of the form and fill in the
the		ch assistance an		government assistance i cluded it on Schedule I:			Your exp	enses
4.		or home owners and any rent for th		nses for your residence. I or lot.	nclude first mortgage	4. \$	i	957.23
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$	i	0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$	-	0.00
				upkeep expenses		4c. \$	-	100.00
_		eowner's associa				4d. \$		0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 32 of 57

or 2 Mary B. Laycox	Case num	ber (if known)	
nene			
	62	\$	300.00
		·	45.00
		*	0.00
			120.00
	ou.		120.00
		*	
			750.00
		· —	0.00
	_		165.00
•	-		100.00
·	11.	D	200.00
	12.	\$	400.00
		· -	100.00
		· —	0.00
•	17.	<u> </u>	0.00
	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	255.98
15d. Other insurance. Specify:			0.00
		*	0.00
	16.	\$	0.00
nstallment or lease payments:			
	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as			
	18.	· .	0.00
		\$	0.00
		·	0.00
		-	0.00
			0.00
			0.00
			0.00
Other: Specify:	21.	+\$	0.00
Your monthly expenses. Add lines 4 through 21	22	\$	3,618.21
			0,010.21
, , ,		L	
· · · · · · · · · · · · · · · · · · ·	23a.	\$	4,895.20
· · · · · · · · · · · · · · · · · · ·		· -	3,618.21
		·	0,010.21
23c. Subtract your monthly expenses from your monthly income.			
The result is your monthly net income.	23c.	\$	1,276.99
,			
For example, do you expect to finish paying for your car loan within the year or do you expect your mo modification to the terms of your mortgage?	ortgage pa	syment to increa	se or decrease because of a
nodineador to the terms of your mortdade?			
	Utilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Cable, Phone & Internet Cell Phone Cod and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sche 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Your monthly expenses. Add lines 4 through 21. The result is your monthly net income. 22a. Copy line 12 (your combined monthly income) from Schedule I. 22b. Copy your monthly expenses from line 22 above. 22c. Subtract your monthly expenses from your expenses within the year after you for example, do you expect to finish paying for your carloan within the year of do you	Utilities: Sa. Electricity, heat, natural gas Sb. Water, sewer, garbage collection Sc. Telephone, cell phone, Internet, satellite, and cable services Sc. Other. Specify: Cable, Phone & Internet Cell Phone Food and housekeeping supplies Childicare and children's education costs Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Personal care products and services Sc. Clothing, laundry, and dry cleaning Sc. Clother insurance Sc. Clother insurance Sc. Continuture Sc. Clother, Specify: Sc. Care payments for Vehicle 1 Sc. Clother, Specify: Sc. Care payments for Vehicle 2 Sc. Care payments for Vehicle 2 Sc. Care payments for Vehicle 2 Sc. Care payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Scheding Sc. Continuture schedule I: Your payments you make to support others who do not live with you. Scheding Scheding Sc. Continuture schedule I: Your payments you make to support others who do not live with you. Scheding Scheding Sc. Continutur	Utilities: 3a. Electricity, heat, natural gas 3b. Water, sewer, garbage collection 3c. Telephone, cell phone, Internet, satellite, and cable services 3c. Telephone, cell phone, Internet, satellite, and cable services 3c. Telephone, cell phone, Internet, satellite, and cable services 3c. Telephone, cell phone, Internet 3c. Cell Phone 4c. Cell Phone 5c. Telephone, cell phone, Internet, satellite, and cable services 5c. Cell Phone 5c. Cell Phone 6d. \$ 6c. \$ 6d. \$

document.

Explain:

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 33 of 57

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Southern District of Ohio

In re	Mary B. Laycox		Case No.	
		Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjury the sheets, and that they are true and correct to the		ad the foregoing summary and schedules, consisting of 25 y knowledge, information, and belief.
Date	May 27, 2015	Signature	/s/ Van A. Laycox Van A. Laycox Debtor
Date	May 27, 2015	Signature	/s/ Mary B. Laycox Mary B. Laycox Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 34 of 57

B7 (Official Form 7) (04/13)

United States Bankruptcy Court Southern District of Ohio

In ro	Van A. Laycox		Casa No	
In re	Mary B. Laycox		Case No.	
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT \$20,683.18	SOURCE YTD Income from Employment at Coca Cola - Husband
\$14,089.35	YTD Income from Department of Homeland Security - Wife
\$5,281.89	2014 Income from Employment at Coca Cola - Husband
\$40,998.16	2014 Income from Employment at Veolia Environmental - Husband
\$1,194.89	2014 Income from Employment at Fedex - Husband
\$24,430.70	2014 Income from Department of Homeland Security - Wife
\$40,412.11	2013 Income from Employment at Veolia Environmental - Husband
\$38,819.91	2013 Income from Department of Homeland Security - Wife

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 35 of 57

B7 (Official Form 7) (04/13)

ມ / (O

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Caliber Home Loans P.O. Box 650856 Dallas, TX 75265 DATES OF PAYMENTS Monthly Mortgage Payments

AMOUNT PAID \$2,871.69 AMOUNT STILL OWING \$120,000.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Chase Bank USA, N.A. vs. Mary B. Laycox, et al
Case No. 10 CVF 00902
Filed by William M. McCann, Javitch, Block &
Rathbone

NATURE OF PROCEEDING Civil

COURT OR AGENCY AND LOCATION Municipal Court of Vandalia, OH Civil Division STATUS OR DISPOSITION Judgment

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 36 of 57

B7 (Official Form 7) (04/13)

3

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 37 of 57

B7 (Official Form 7) (04/13)

1

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO DEBTOR

20:

DATE 2013

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

2003 Chevy Cavalier was given to a junk yard

None

Various Creditors

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

NSFER(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Case 3:15-bk-31743 Page 38 of 57 Document

B7 (Official Form 7) (04/13)

14. Property held for another person

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

DATES OF OCCUPANCY **ADDRESS** NAME USED

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL**

SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 39 of 57

B7 (Official Form 7) (04/13)

6

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	May 27, 2015	Signature	/s/ Van A. Laycox
		_	Van A. Laycox
			Debtor
Date	May 27, 2015	Signature	/s/ Mary B. Laycox
		_	Mary B. Laycox
			Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 40 of 57

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Van A. Laycox		
Mary B. Laycox		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) are that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is a follows:						
	For legal services, I have agreed to acc	ept	\$	3,500.00			
	Prior to the filing of this statement I ha	ve received	\$	0.00			
	Balance Due		\$	3,500.00			
2.	The source of the compensation paid to me Debtor Other (specify): The source of compensation to be paid to me						
٥.	The source of compensation to be paid to it	lle 1s.					
	☐ Debtor ☐ Other (specify):	Payments to be made to Debtor's Counsel by the Chapter 13 Trustee from payments to be made to the Trustee by the Debtor.					
4.	■ I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.						
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.						

II. Application

- 5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and amendments thereto that may be required;
 - c. Preparation and filing of chapter 13 plan, and any pre-confirmation amendments thereto that may be required;
 - d. Preparation and filing of payroll orders and amended payroll orders;
 - e. Representation of the debtor at the meeting of creditors and confirmation hearing; and any continued hearings thereof;
 - f. Filing of address changes;
 - g. Routine phone calls and questions;
 - h. Review of claims;
 - i. Review of notice of intention to pay claims;

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 41 of 57

- j. Preparation and filing of objections to non-real estate and non-tax claims;
- k. Preparation and filing of first motion to suspend or reduce payments;
- 1. Preparation and filing of debtor's certification regarding issuance of discharge order; and
- m. Any other duty as required by local decision or policy.
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. judicial lien avoidances, relief from stay actions or any other adversary, post confirmation mostions to dismiss, proceeding or negotiations with secured creditors to reduce to market value,

May 27, 2015	/s/ Andrew J. Zeigler
Date	Andrew J. Zeigler
	Signature of Attorney
	#0081417
	Thompson & DeVeny Co. I. P. A.

1340 Woodman Drive Dayton, OH 45432 937-252-2030 Fax: 937-252-9425

Software Copyright (c) 1996-2014 Best Case, LLC - www.bestcase.com

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 43 of 57

Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 44 of 57

B 201A (Form 201A) (6/14)

B 201B (Form 201B) (12/09)

Case No. (if known)

United States Bankruptcy Court Southern District of Ohio

	Southern District of Ohio		
Van A. Laycox In re Mary B. Laycox		Case No.	
	Debtor(s)	Chapter	13
	TION OF NOTICE TO CONSU R § 342(b) OF THE BANKRUP		$\mathbf{R}(\mathbf{S})$
	Certification of Debtor		
I (We), the debtor(s), affirm that I ((we) have received and read the attached	notice, as required	by § 342(b) of the Bankruptcy
Code.			
Van A. Laycox	** ///		
Mary B. Laycox	X _/s/ Van A. La	ycox	May 27, 2015
Printed Name(s) of Debtor(s)	Signature of	Debtor	Date

X /s/ Mary B. Laycox

Signature of Joint Debtor (if any)

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

May 27, 2015

Date

Account Reasonable 5 syk-31743 Doc 1 Cretile of NE/Real 5 Entered 05/29/15 14:20:19 Revenue 301 N Clinton Ave Saint Johns, MI 48879

P. 200 Page 45 of 57 City of Industry, CA 91716-0500

Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

American Honda Finance 8601 McAlpine Park Dr Suite 230 Charlotte, NC 28211

Dayton Head & Neck Surgeons, Inc 369 W. Ist St., Suite 400 Dayton, OH 45402

Javitch, Block & Rathbone Attn: William M. McCann 1100 Superior Ave., 18th Floor Cleveland, OH 44114-2518

American Honda Finance P O Box 168088 Irving, TX 75016-8088

Dell Financial Services PO Box 81577 Austin, TX 78708-1577

JP Morgan Chase Bank 1100 Superior Avenue, 19th FI Cleveland, OH 44114

Back Bowl I LLC c/o Weinstein and Riley, PS 2001 Western Avenue. Ste 400 Seattle, WA 98121-3132

Dell Financial Services, L.LC. c/o Resurgent Capital Services PO Box 10390 Greenville, SC 29603-0390

Kettering Health Network P.O Box 713085 Columbus, OH 43271-3085

Caliber Home Loans P.O. Box 650856 Dallas, TX 75265

Frederick J. Hanna & Assoc. 1427 Roswell Rd Marietta, GA 30062

Kettering Physician Network P.O. Box 182202 Columbus, OH 43218-2202

Chase Po Box 15298 Wilmington, DE 19850 Gemb/Jcp P.O. Box 960090 Orlando, FL 32896-0090 LVNV Funding LLC, successors & as assignee of FNBM, LLC, Resurgent6 PO Box 10587 Greenville, SC 29603-0587

Chase Auto Finance 14800 Frye Road Fort Worth, TX 76155

Gemb/Jcp Po Box 984100 El Paso, TX 79998 Montgomery County Treasurer 451 W. Third St. Dayton, OH 45422-0002

Chase Auto Finance PO Box 901032 Fort Worth, TX 76101-2031 GEMoney Bank c/o B-Line LLC, MS 550 PO Box 91121 Seattle, WA 98111-9221

National Capital Management, LLC P.O. Box 12786 Norfolk, VA 23541

City of Vandalia Tax Office Administrator for Vandalia, Englewood P.O. Box 727 Vandalia, OH 45377

InSolve Recovery, LLC Box 88710 Milwaukee, WI 53288-0710

National Capital Management, LLC P.O. Box 41117 Norfolk, VA 23541

City of West Carrollton P.O. Box 621005 Cincinnati, OH 45262

InSolve Recovery, LLC c/o Capital Recovery Group, LLC 1790 E. River Road, Ste. 101 Tucson, AZ 85718-5958

Office of the Attorney General Dept. of Justice, Tax Division PO Box 55, Ben Franklin Station Washington, DC 20044

Portfolio Rease 3:145 9 ki 31.743 c Doc 1 webile 1 webile

P.O. Box 81577 Austin, TX 78708-1577

PRA Receivables Management LLC c/o Portfolio Recovery Associates PO Box 41067 Norfolk, VA 23541-1067

Weltman, Weinberg & Reis Co. 323 W. Lakeside Avenue Suite 200 Cleveland, OH 44113-1099

PRA Receivables Management LLC PO Box 41067 Norfolk, VA 23541-1067

PRA Receivables Management, LLC as agent of Portfolio Recovery Assocs. P.O Box 12914
Norfolk, VA 23541

Santander Consumer USA, Inc. 8585 N Stemmons Fwy Ste 1100-N Dallas, TX 75247-3822

Sears/Cbsd Po Box 6189 Sioux Falls, SD 57117

Southwest Ohio ENT Specialists Inc 1222 S Patterson Blvd Suite 400 Dayton, OH 45402-2642

Springleaf Financial 2628 Colonel Glenn Hwy. Fairborn, OH 45324-5612

Springleaf Financial Services, Inc. 7702 Hoke Rd Clayton, OH 45315

U.S Attorney's Office 200 West Second Street, Room 602 Dayton, OH 45402

Fill in this info	Fill in this information to identify your case:						
Debtor 1	Van A. Laycox						
Debtor 2 (Spouse, if filing	Debtor 2 Mary B. Laycox (Spouse, if filing)						
United States Bankruptcy Court for the: Southern District of Ohio							
Case number (if known)							

	Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:										
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
		3. The commitment period is 3 years.								
	•	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

column only. If you have nothing to report for any line, write t	ψο iii tiio opo	00.				
			Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overtime, an all payroll deductions).	nd commissi	ons (before	\$	3,711.78	\$	2,775.18
 Alimony and maintenance payments. Do not include pa Column B is filled in. 	ayments from	a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, y and roommates. Include regular contributions from a spou filled in. Do not include payments you listed on line 3.	nclude regula your depende	r contributions ents, parents,	\$	0.00	\$	0.00
5. Net income from operating a business, profession, or	farm					
Gross receipts (before all deductions)	\$ 0.00					
Ordinary and necessary operating expenses	-\$ 0.00					
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses	\$ <u>0.00</u> -\$ 0.00					
Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 48 of 57

Debtor 2		Van A. Laycox Mary B. Laycox					Case numbe	r (if known)			
							Column A Debtor 1		Column B Debtor 2	or	
7. li	nter	est, dividends, a	nd rovalties				\$	0.00	\$	0.00	
		nployment comp	•				\$	0.00	\$	0.00	
	Do n	ot enter the amou		t the amount received	d was a benef	it	· -				
	Fo	r you		\$	0.0	00					
	Fo	r your spouse		\$ \$	0.0	00					
	ens		t income. Do not inc	clude any amount rec	eived that wa	s a	\$	0.00	\$	0.00	
r c	Do no ecei Iomo	ot include any ben ved as a victim of	efits received under a war crime, a crime	l above. Specify the set the Social Security A e against humanity, of sources on a separate	ct or paymen r international	ts or					
	10	a					\$	0.00	\$	0.00	
		b.					\$	0.00	\$	0.00	
	10	c. Total amounts	from separate page	es, if any.		+	\$	0.00	\$	0.00	
				come. Add lines 2 throin A to the total for Co		\$	3,711.78	+ \$_	2,775.18	= \$_	6,486.96
								J L			tal average
13. C	Calc	ulate the marital	adjustment. Check							\$	6,486.96
			ed. Fill in 0 on line 3								
•				ling with you. Fill in 0	in line 13d.						
L		Fill in the amount		ot filing with you. in line 11, Column B, spouse's tax liability o							
		adjustments on a	separate page.	cluding this income a	nd the amour	t of ind	come devoted	d to each	purpose. If n	ecessary,	list additional
			does not apply, ente			\$					
						Ψ \$					
		13c.				+\$ <u> </u>					
		13d. Total				\$	0.0	<u>0</u> c	opy here=> 13	d	0.00
14.	Υοι	ır current monthl	y income. Subtract	t line 13d from line 12	<u>.</u>				14	4. \$	6,486.96
15.	Cal	culate your curre	nt monthly income	e for the year. Follow	these steps:						
	15a	. Copy line 14 he	ere=>						15	a. \$	6,486.96
				of months in a year).						х	12
	15b	. The result is yo	ur current monthly i	ncome for the year for	r this part of th	ne form	٦.		15	b. \$	77,843.52

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 49 of 57

Debtor Debtor		Van A. Laycox Mary B. Laycox	Case number (if known)		
16.	Calc	ulate the median family income that applies to	you. Follow these steps:		
	16a.	Fill in the state in which you live.	ОН		
	16b.	Fill in the number of people in your household.	2		
		Fill in the median family income for your state and		16c.	_{\$} 54,420.00
		To find a list of applicable median income amount instructions for this form. This list may also be ava	s, go online using the link specified in the separate		*
17.		do the lines compare?	anable at the bankruptcy clerk's office.		
	17a.		On the top of page 1 of this form, check box 1, <i>Dispo</i> NOT fill out <i>Calculation of Disposable Income</i> (Officia		
,	17b.		of page 1 of this form, check box 2, <i>Disposable inco</i> ulation of Disposable Income (Official Form 22C- e.		
Part :	3:	Calculate Your Commitment Period Under 11	U.S.C. §1325(b)(4)		
18.	Сору	your total average monthly income from line	11	18. \$	6,486.96
	conte	uct the marital adjustment if it applies. If you are and that calculating the commitment period under se's income, copy the amount from line 13d.	e married, your spouse is not filing with you, and you 11 U.S.C. § 1325(b)(4) allows you to deduct part of y	our our	
	•	marital adjustment does not apply, fill in 0 on line	19a.	19a. - \$	0.00
;	Subt	ract line 19a from line 18.		19b.	\$ 6,486.96
		ulate your current monthly income for the year	. Follow these steps:	200	¢ 6,486.96
				20a.	\$
		Multiply by 12 (the number of months in a year).			x 12
;	20b.	The result is your current monthly income for the y	year for this part of the form	20b.	\$
	200	Copy the median family income for your state and	size of household from line 16c		\$ 54,420.00
	200.	sopy the median family income for your state and	Size of Household Hoff line Foe		Ψ <u>σ:,:20:00</u>
:	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court, on the top of page 1 of this	form, check b	ox 3, The commitment
		Line 20b is more than or equal to line 20c. Us commitment period is 5 years. Go to Part 4.	nless otherwise ordered by the court, on the top of pa	age 1 of this fo	orm, check box 4, The
Part 4	4:	Sign Below			
		<u> </u>	the information on this statement and in any attachm	nents is true a	nd correct.
X	/s/ \	Van A. Laycox	X /s/ Mary B. Laycox		
	Var	n A. Laycox	Mary B. Laycox		
	-	nature of Debtor 1 May 27, 2015	Signature of Debtor 2 Date May 27, 2015		
,	Jaie	MM / DD / YYYY	MM / DD / YYYY		
	If you	checked 17a, do NOT fill out or file Form 22C-2.			
			his form. On line 39 of that form, copy your current m	nonthly income	e from line 14 a

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 50 of 57

Fill in	this information to	o identify your case						
Debto	r1 Van A. L	aycox						
Debto (Spou	r 2 <u>Mary B.</u> se, if filing)	Laycox						
United	d States Bankruptcy	Court for the: South	ern District of Ohio					
Case (if kno	number wn)				I	☐ Check if this	s is an amende	ed filing
	I Form 22C-2 Ipter 13 Ca	lculation of	Your Dispos	able In	come			12/14
	out this form, you viitment Period (Offi		eted copy of <i>Chapter</i>	13 Stateme	nt of Your Curren	t Monthly inco	me and Calculat	ion of
space	is needed, attach a		wo married people are his form, Include the li umber (if known).					
Part 1	Calculate Yo	ur Deductions from `	our Income					
the	questions in lines	6-15. To find the IRS	National and Local St standards, go online ankruptcy clerk's offic	using the I				
exp	enses if they are hig	her than the standard	6-15 regardless of your s. Do not include any o you subtracted from you	perating exp	enses that you sub	tracted from inc		
If yo	our expenses differ f	rom month to month,	enter the average expe	nse.				
Not	e: Line numbers 1-4	are not used in this fo	orm. These numbers ap	oply to inforn	nation required by a	a similar form us	ed in chapter 7 c	cases.
5.	The number of pe	eople used in determ	ining your deductions	s from inco	me			
	plus the number of		e claimed as exemption dents whom you suppo				2	
Nat	ional Standards	You must use	he IRS National Standa	ards to answ	ver the questions in	lines 6-7.		
6.			g the number of people od, clothing, and other i		l in line 5 and the IF	RS National	\$	1,092.00
7.	the dollar amount people who are 65	for out-of-pocket healt or olderbecause old	Using the number of pe h care. The number of pe ler people have a highe educt the additional amo	peoplé is sp er IRS allowa	lit into two categorie ince for health car o	espeople who	are under 65 and	d

Official Form 22C-2

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main

	Docur	ment P	age 51 (of 57			
Debtor 1 Debtor 2	Van A. Laycox Mary B. Laycox			Case number (i	f known)		
People	who are under 65 years of age						
78	a. Out-of-pocket health care allowance per person	\$	60				
7t	o. Number of people who are under 65	X2	_				
70	Subtotal. Multiply line 7a by line 7b.	\$ 120	.00 Co	py line 7c here=	» \$ <u> </u>	120.00	
People	who are 65 years of age or older						
70	d. Out-of-pocket health care allowance per person	\$	144_				
76	e. Number of people who are 65 or older	x <u>0</u>	_				
7f	. Subtotal. Multiply line 7d by line 7e.	\$0	.00 Co	py line 7f here=	:> \$	0.00	
7(g. Total. Add line 7c and line 7f		\$	120.00	Copy tota	I here=> 7g. \$	120.00
Based bankru Housin housin To ans separa 8. He	on information from the IRS, the U.S. Trustee Property purposes into two parts: ag and utilities - Insurance and operating expenses ag and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also be busing and utilities - Insurance and operating expenses in the dollar amount listed for your county for insurance	gram has divides Program chase available at enses: Using the	art. To find the bankru	the chart, go ptcy clerk's o	online usin	g the link spe	ecified in the
	ousing and utilities - Mortgage or rent expenses:		J -				
98	Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		amount		\$	949.00	
91	Total average monthly payment for all mortgages a To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	dd all amounts	that are	your home.			
	Name of the creditor	Average payment					
	Caliber Home Loans	\$	957.23				

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

9b. Total average monthly payment

Сору line 9c 0.00 9c. \$ here=>

957.23

Copy line

9b here=>

957.23

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Repeat this amount

on line 33a.

Explain why:

0.00

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 52 of 57

Debtor 2	Mary	B. Laycox			С	ase number	(if known)		
11.	Local tr	ansportation expenses	s: Check the number of vehic	cles for whic	h you claim a	n ownersł	hip or operating	g expense.	
	□ 0. Go	to line 14.							
	□ 1. Go	to line 12.							
	■ 2 or r	more. Go to line 12.							
12.			sing the IRS Local Standards perating Costs that apply for						424.00
13.	You may		pense: Using the IRS Local if you do not make any loan						
Ve	hicle 1	Describe Vehicle 1:	1999 Chevy S-10 VIN# 1	GCCS144	1XK132788	Mileage	: 134,000		
13a.	Ownersh	nip or leasing costs usin	g IRS Local Standard		13a.	\$	517.00		
13b.	J	monthly payment for al	I debts secured by Vehicle 1 vehicles.						
	are cont		ly payment here and on line cured creditor in the 60 mon						
	Na	me of each creditor for	Vehicle 1	Average r	monthly				
	Sp	ringleaf Financial		\$	59.68				
13c.		icle 1 ownership or leas line 13b from line 13a.	e expense if this amount is less than \$0	, enter \$0.	Copy 13 here => 13c.	-\$ \$		Repeat this amount on line 33b. Copy net Vehicle 1 expense here => \$	457.32
Ve	hicle 2	Describe Vehicle 2:	2006 Buick Rendevous	/IN #3G5D	B03L16S56	3746 59	,000 Miles		
13d.	Ownersh	nip or leasing costs usin	g IRS Local Standard		13d.	\$	517.00		
13e.	Average leased v		I debts secured by Vehicle 2	. Do not incl	ude costs for				
	Na	me of each creditor for	Vehicle 2	Average r	monthly				
	Po	rtfolio Recovery Asso	ciates LLC	\$	437.09				
					Copy 13 here =>		437.09		
13f.	Net Veh	icle 2 ownership or leas	e expense			<u> </u>		Copy net	
	Subtract	line 13e from line 13d.	if this number is less than \$0), enter \$0.	13f.	\$	79.91	Vehicle 2 expense here => \$	79.91
14.			e: If you claimed 0 vehicles in ce regardless of whether you				dards, fill in the	Public \$	0.00
15.	also dec	luct a public transportati	on expense: If you claimed on expense, you may fill in v cal Standard for <i>Public Trans</i>	/hat you beli					0.00

Van A. Laycox

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 53 of 57

Debtor 1 Debtor 2 Van A. Laycox
Mary B. Laycox
Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, seal-employment taxes, social sear-inty taxes. Second temporary of these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. To involuntary deductions: The total monthly payroll deductions that your job requires, such as refirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Do not include payments that you make for your spuces term life insurance. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments: The total monthly amount that you pay for education that is either required. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 0.00	Oth	er Necessary Expenses	In addition to the expense the following IRS categories		s listed above	, you are allowed your monthly expenses	s for	
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing ingorate; include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-orderd payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 0.000 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or length of the payments of the payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and vellerate of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. Optional telephone and telephone services: The tot amonthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extension of the month payment that you pay for telecommunication services for you and your dependents. Add line 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include payments f	16.	self-employment taxes, soo from your pay for these tax 12 and subtract that number	cial security taxes, and Med es. However, if you expect or from the total monthly am	licare taxes to receive	s. You may inday inday inday inday inday in a second and in a second in a seco	clude the monthly amount withheld you must divide the expected refund by	\$	1,000.00
Section Sect	17.			ductions th	nat your job re	equires, such as retirement		
Filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-orderded payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for rispousal or child support. You will list these obligations in line 35. \$ 0.00 Court-orderded payments: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your joby, or for your joby and your job, or for you and your fath and weffare or you or your dependents and that is not reimbursed by insurance or peal by a health assurance or health sincurance or health sincurance or health insurance or health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Such as those reported on line 5 of Official Form 2CC-1, or any amount you previously deducted. So		Do not include amounts that	at are not required by your j	ob, such a	s voluntary 40	01(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments of any elementary or secondary school education is available for similar services. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments establish and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Do not include payments for a savings accounts should be listed only in line 25. Do not include payments for such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. **Source Do not include any expenses allowances listed in lines 6-24. Add tilens 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. **Beatth insurance, disability insuranc	18.	filing together, include payr Do not include premiums for	ments that you make for you or life insurance on your dep	ur spouse's	s term life insu	urance.	\$	0.00
20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 32. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extern necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. \$ 3,779.23 Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance or payment in the service of household or family members. The actual monthly expenses that you wil	19.	administrative agency, suc	h as spousal or child suppo	rt paymen	ts.	,	\$	0.00
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of your o'your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 23. Optional telephone and telephone services: The total monthly amount that you pay for health care that is required for the health savings accounts should be listed only in line 25. 24. Optional telephone and telephone services: The total monthly amount that you pay for ledecommunication services for you and your dependents, such as pagers, cell waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for he production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance. 26. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 27. Health insurance \$ 75.11 28. Optional theres. 29. Op	20.							
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 80.00 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4\$ 0.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Eath insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? No. How much do you drainly violence. The reasonable and necessary care and support of an elderty, chronicall		as a condition for your job,	or			·	\$	0.00
Do not include payments for any elementary or secondary school education. 2. Additional heath care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 2. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service. The total monthly amount that you pay for telecommunication services for your dependents or for the production of include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Health insurance, disability insurance, and health savings accounts that are reasonably necessary to your self, your spouse, or your dependents. 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and nece	21.		nly amount that you pay for	childcare,	such as baby	sitting, daycare, nursery, and		
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Viole		•	or any elementary or second	dary schoo	ol education.		\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$\frac{75.11}{0.00}\$ \$\frac{75.11}{0.0	22.	Additional health care ex that is required for the heal	penses, excluding insurar th and welfare of you or you	nce costs ur depende	: The monthly ents and that i	s not reimbursed by insurance or paid		
services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4\$ 0.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 75.11 Disability insurance \$ 0.00 Health savings account \$ 0.00 Total \$ 75.11 Copy total here=> Yes \$ 0.00 Yes \$ 0.00 Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		Payments for health insura	nce or health savings accor	unts should	d be listed onl	y in line 25.	\$	80.00
Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 75.11 Disability insurance \$ 0.00 Health savings account \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment						0.00
Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 75.11 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continued to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.	•	llowed under the IRS exp	ense allov	wances.		\$	3,779.23
Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents. Health insurance \$ 75.11 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	•	ns These are additional	deductions	s allowed by th	ne Means Test.		
insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ \frac{75.11}{0.00}\$ Health savings account +\$ \frac{0.00}{0.00}\$ Total \$ \frac{75.11}{0.00}\$ Copy total here=> \$ \frac{75.11}{0.00}\$ Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		·						
Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	25.	insurance, disability insurar					or	
Health savings account + \$ 0.00 Total \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health insurance		\$	75.11			
Total \$ 75.11 Copy total here=> \$ 75.11 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	0.00			
Do you actually spend this total amount? No. How much do you actually spend? Yes S Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account		+ \$	0.00	_		
No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total		\$	75.11	Copy total here=>	\$	75.11
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		No. How much do y		\$		-		
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	Continued contributions continue to pay for the reas	sonable and necessary care	or family i	ort of an elde	rly, chronically ill, or disabled member	\$	0.00
0.00	27.	Protection against family	violence. The reasonably	necessary	monthly expe	enses that you incur to maintain the		
								0.00

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 54 of 57

or 1 or 2	Van A. Laycox Mary B. Laycox		Case number (if	Kriowri)					
	Additional home energy costs. Your hom allowance on line 8.	ne energy costs are included in your no	n-mortgage hou	sing a	nd utiliti	es			
	f you believe that you have home energy on non-mortgage housing and utilities allowan								
	You must give your case trustee document amount claimed is reasonable and necessa		ı must show that	the a	dditiona	I	\$	0.0	
\$	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.								
	You must give your case trustee document claimed is reasonable and necessary and r		ı must explain w	hy the	amoun	t			
*	Subject to adjustment on 4/01/16, and ev	ery 3 years after that for cases begun o	on or after the da	ate of a	adjustm	ent.	\$	0.0	
h	Additional food and clothing expense. Thigher than the combined food and clothing han 5% of the food and clothing allowance	g allowances in the IRS National Stand							
	To find a chart showing the maximum addinstructions for this form. This chart may al			e sepa	arate				
Υ	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.0	
	Continuing charitable contributions. The natruments to a religious or charitable organized		ibute in the form	of ca	sh or fin	ancial	\$_	0.0	
2. <i>F</i>	Add all of the additional expense deductions Add lines 25 through 31.							75.11	
P	tad iiilos 20 tillougii o i.								
Deduc 33. Fo	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines	s 33a through 33g.							
Deduces 33. Fo lo	ctions for Debt Payment or debts that are secured by an interest	s 33a through 33g. nent, add all amounts that are contractu						je monthly	
3. Fo	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home	s 33a through 33g. nent, add all amounts that are contractunkruptcy. Then divide by 60.	ually due to each	ı secui	red	=\	Averaç payme	nt	
3. Fo	ctions for Debt Payment or debts that are secured by an interest tans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here	s 33a through 33g. nent, add all amounts that are contractu	ually due to each	ı secui	red	=>			
3. For the creation of the cre	ctions for Debt Payment or debts that are secured by an interest rans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles	s 33a through 33g. nent, add all amounts that are contractunkruptcy. Then divide by 60.	ually due to each	ı secui	red			957.23	
3. For low To creations and the second secon	ctions for Debt Payment or debts that are secured by an interest trans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33g. nent, add all amounts that are contractunkruptcy. Then divide by 60.	ually due to each	ı secui	red	=>	payme \$\$	957.23 59.68	
3. Fc lo. To cross 3a. 3a. 3b. 3c.	ctions for Debt Payment or debts that are secured by an interest rans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33g. nent, add all amounts that are contractunkruptcy. Then divide by 60.	ually due to each	Doe incl	es paymude taxi	=> => ent		957.23	
3. For low To create the state of the state	ctions for Debt Payment or debts that are secured by an interest rans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	s 33a through 33g. nent, add all amounts that are contractunkruptcy. Then divide by 60. Identify property that secures the de	ually due to each	Doe incl	es paym ude taxi	=> => ent	payme \$\$	957.23 59.68	
3. For low To creations and the creations and the creations are creating as a creation and the creations are creating as a creation and the creation are creating as a creation and the creation are creating as a creation and the creation are creating as a creati	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt	Identify property that secures the de 2004 Honda Goldwing Motorcyc VIN #1HFSC47064A305943	ually due to each	Doe incl	es paymude taxinsuranc	=> => ent	\$\$ \$\$	957.23 59.68 437.09	
33. For low recommendation of the control of the co	ctions for Debt Payment or debts that are secured by an interest rans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	Identify property that secures the de 2004 Honda Goldwing Motorcyc VIN #1HFSC47064A305943 16,000 Miles	ually due to each	Doe incl	es paym ude taxi	=> => ent	payme \$\$	957.23 59.68	
33. For low recommendation of the control of the co	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt	Identify property that secures the de 2004 Honda Goldwing Motorcyc VIN #1HFSC47064A305943	ually due to each	Doe incl	es paymude taxinsuranc No	=> => ent	\$\$ \$\$	957.23 59.68 437.09	
3. For local states of local s	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here e of each creditor for other secured debt American Honda Finance	Identify property that secures the decomposition of the secure of the se	ually due to each	Doe incl or ii	es paymude taxinsurance No Yes	=> => ent	\$ \$ \$	957.23 59.68 437.09 229.04	
3. For local states of local s	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt	Identify property that secures the de 2004 Honda Goldwing Motorcyc VIN #1HFSC47064A305943 16,000 Miles 2006 Yamaha VStar 1100 VIN #JYAVP11E66A091257	ually due to each	Doe incl or in	es paymude taxinsuranc No Yes No Yes	=> => ent	\$\$ \$\$	957.23 59.68 437.09	
3. For local states of local s	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here e of each creditor for other secured debt American Honda Finance	Identify property that secures the decomposition of the secure of the se	ually due to each	Doe incl or in	es paymude taxinsurance No Yes No Yes No	=> => ent	\$ \$ \$	957.23 59.68 437.09 229.04	
3. For local states of the sta	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here e of each creditor for other secured debt American Honda Finance	Identify property that secures the decomposition of the secure of the se	ually due to each	Doe incl or in	es paymude taxinsuranc No Yes No Yes	=> ==> eent es e?	\$ \$ \$	957.23 59.68 437.09 229.04	
Deduction 13. For low 13. For crisis	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here e of each creditor for other secured debt American Honda Finance	Identify property that secures the decomposition of the secure of the se	ually due to each	Doe incl or in	es paymude taxinsurance No Yes No Yes No	=> ient es e?	\$ \$ \$ \$	957.23 59.68 437.09 229.04	
3. For low and seed to the see	ctions for Debt Payment or debts that are secured by an interest cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here e of each creditor for other secured debt American Honda Finance	Identify property that secures the decomposition of the secures the decomposition of the secure of t	ually due to each	Doe incl or in	es paymude taxinsurance No Yes No Yes No Yes	=> ==> eent es e?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	957.23 59.68 437.09 229.04	

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Page 55 of 57 Document

Debtor 1 Mary B. Laycox Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 1,999.02 33.32 ÷60 \$ 36. Projected monthly Chapter 13 plan payment 1,000.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 5.40 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 54.00 54.00 here=> Average monthly administrative expense 1,939.17 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3,779.23 expense allowances Copy line 32, All of the additional expense deductions 75.11 Copy line 37, All of the deductions for debt payment 1,939.17 5,793.51 5,793.51 Total deductions Copy total here=>

Van A. Laycox

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 56 of 57

	n A. Laycox ry B. Laycox			Case	e numb	er (<i>if known</i>)		
art 2: De	etermine You	ır Disposable Income Unde	· 11 U.S.C. § 1325(b)(2)				
39. Copy yo	our total curi ent of Your (rent monthly income from li	ne 14 of Form 22C-1, Calculation of Comm	Chapter 13 nitment Period			\$	6,486.96
childrei disability received	 The month y payments for d in accordant 	ly necessary income you re- ly average of any child suppor or a dependent child, reported ce with applicable nonbankrup ended for such child.	t payments, foster car in Part I of Form 22C-	e payments, or 1, that you	\$_	(0.00	
employe in 11 U.	er withheld fro S.C. § 541(b)	etirement deductions. The moment wages as contributions for to plus all required repayments. § 362(b)(19).	qualified retirement pla	ans, as specified	\$_	(0.00	
42. Total of	all deduction	ons allowed under 11 U.S.C.	§ 707(b)(2)(A). Copy I	ine 38 here=>	\$	5,793	3.51	
expense their exp	es and you ha benses. You i	al circumstances. If special ave no reasonable alternative, must give your case trustee a ocumentation for the expense	describe the special c detailed explanation or	ircumstances an	d			
Describe th	ne special ci	rcumstances	•	Amount of expe	nse			
43a			\$					
43b			\$					
43c			\$					
43d. Tota	al. Add lines 4	13a through 43c.	\$	0.00		oy 43d e=> \$	0.00	
44. Total ad	djustments. ,	Add lines 40 through 43d.		=>	<u> </u>	5,793.51	Copy total here=> -\$	5,793.51
		thly disposable income und	er § 1325(b)(2). Subtra	act line 44 from li	ine 39	9.	\$	693.45
		ome or Expenses						
reported filed you informat petition,	d in this form or bankruptcy tion below. For check 22C-1 es increased	or expenses. If the income in have changed or are virtually petition and during the time yor example, if the wages report in the first column, enter line, fill in when the increase occurrence.	certain to change after our case will be open, ted increased after you 2 in the second colum	the date you fill in the u filed your n, explain why				
Form	Line	Reason for change		Date of change		Increase or decrease?	Amount of cha	nge
☐ 22C-1 ☐ 22C-2 ☐ 22C-1					_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease	\$	

Case 3:15-bk-31743 Doc 1 Filed 05/29/15 Entered 05/29/15 14:20:19 Desc Main Document Page 57 of 57

Debtor 1 Debtor 2	Van A. Laycox Mary B. Laycox		Case number (if known)				
Part 4:	Sign Below						
E	By signing here, under penalty of perjury you declare that the info	rmatio	n on this statement and in any attachments is true and correct.				
-	/s/ Van A. Laycox Van A. Laycox Signature of Debtor 1	Х	/s/ Mary B. Laycox Mary B. Laycox Signature of Debtor 2				
	May 27, 2015 MM / DD / YYYY	Date	May 27, 2015 MM / DD / YYYY				